

## TITLE VI APPENDIX A

### **TITLE VI NOTICE TO THE PUBLIC**

The Baldwin County Board of Commissioners (BCC) operates its programs and services without regard to race, color, national origin, age, sex, religion, or disability. Anyone who believes he or she has been subjected to any unlawful discriminatory practice under Title VI may file a complaint with BCC, Federal Aviation Administration, Federal Highway Administration or the Federal Transit Administration.

Written complaints or questions may be sent to:

Title VI Compliance Officer

Baldwin County Board of Commissioners

1601 N. Columbia Street, Suite 230

Milledgeville, GA 31061 Phone: (478) 445-4791

Email: [mking@baldwincountyga.com](mailto:mking@baldwincountyga.com)

Si necesita información en Español, por favor contactar Carlos Tobar (478) 445-4791.

For additional information or to obtain a detailed copy of Baldwin County's Complaint Form (English or Spanish), or to file a complaint, contact Marsha King, Title VI Compliance Officer, (478) 445-4791; [mking@baldwincountyga.com](mailto:mking@baldwincountyga.com); or in person at 1601 N. Columbia Street, Suite 230, Milledgeville, GA. 31061.

# TITLE VI APPENDIX B

## COMPLAINT FORM (IN ENGLISH & SPANISH)

<b>TITLE VI PROGRAM AND RELATED STATUES - DISCRIMINATION COMPLAINT AGAINST BALDWIN COUNTY</b>		
<b>Name:</b>	<b>Telephone (home):</b>	<b>Telephone (work):</b>
<b>Address:</b>	<b>City, State, Zip Code:</b>	
<b>Name of COUNTY Staff Person that You Believe Discriminated Against You:</b>		
<b>Address:</b>	<b>City, State, Zip Code:</b>	
<b>Date of Alleged Incident:</b>		

<b>You were discriminated because of:</b> ____ <b>Race</b> ____ <b>Retaliation</b> ____ <b>Sex</b> ____ <b>Familial Status</b> ____ <b>Religion</b> ____ <b>Color</b> ____ <b>National Origin (Language)</b> ____ <b>Age</b> ____ <b>Disability</b> ____ <b>Other</b>
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<p><b>Explain as briefly and clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently than you. Also attach any written material pertaining to your case.</b></p>
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<b>Signature:</b>	<b>Date:</b>
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**FORMULARIO DE QUEJA CONDADO DE BALDWIN**

<b>Nombre de la persona discriminada:</b>	<b>Numero de Telefono (residencia):</b>	<b>Numero de Telefono (trabajo):</b>
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<b>Direccion de Residencia (Numero y calle, numero de departamento):</b>	<b>Ciudad, Estado y Codigo Postal de Residencia:</b>
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**Nombre de la persona que discrimina contra usted, y nombre de la dependencia (si lo sabes):**

<b>Direccion de la persona o dependencia que discrimina contra usted:</b>	<b>Ciudad, Estado y Codigo Postal de la persona o dependencia que discrimina contra usted:</b>
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**Fecha del incidente discriminatorio:**

**Causa de la discriminacion:**

**Raza Retaliacion Sexo Estado Civil Religion Color de Piel Nacionalidad Edad Impedimento Fisico o Mental Otro**

**Explique claramente como sucedio la discriminacion y quienes participaron en ella. Incluya en su explicacion cualquier conocimiento que tenga de tratamiento diferente a otras personas. Adjunte cualquier otro escrito relacionado con su caso.**

**Firma:**

**Fecha:**